

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**

Quin Denvir  
Federal Defender

Daniel J. Broderick  
Chief Assistant Defender

August 4, 2005

**FILED**

AUG - 4 2005

Mr. Jan David Karwosky  
Attorney at Law  
716 19<sup>th</sup> Street, #100  
Sacramento, CA 95814

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY \_\_\_\_\_ DEPUTY CLERK

Re: U.S. v. Linda Chaney  
Cr.S-05-034-LKK

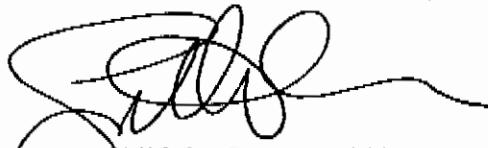
Dear Mr. Karwosky:

This will confirm your appointment as counsel by the Honorable Lawrence K. Karlton, U.S. District Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED U.S. v. Chaney	3. VOUCHER NUMBER		
Case 2:05-cr-00034 MCE Document 47 Filed 08/04/05 Page 2 of 2				
3. MAG. DKT./DEF. NUMBER 2:05-000016-001	4. DIST. DKT./DEF. NUMBER Felony	5. APPEALS DKT./DEF. NUMBER Adult Defendant	6. OTHER DKT. NUMBER Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS KAROWSKY, JAN DAVID 716 19th Street Suite 100 SACRAMENTO CA 95814		13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 07/28/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Npc Pro Tunc Date		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) JAN DAVID KAROWSKY, A PROF. CORP. 716 - 19th Street SUITE 100 SACRAMENTO CA 95814				
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
I n C o u r t	a. Arraignment and/or Plea			
	b. Bail and Detention Hearings			
	c. Motion Hearings			
	d. Trial			
	e. Sentencing Hearings			
	f. Revocation Hearings			
	g. Appeals Court			
	h. Other (Specify on additional sheets)			
(Rate per hour = \$ 90 )		TOTALS:		
16. Ouf f C o u r t				
a. Interviews and Conferences				
b. Obtaining and reviewing records				
c. Legal research and brief writing				
d. Travel time				
e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$ 90 )		TOTALS:		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc.)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____				
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34a. JUDGE CODE				